BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORL

Application or Docket Number

Effective October 1, 2000											S '
CLAIMS AS FILED - PART I SMALL ENTITY										OTUE	R THAN
TOTAL CLAIMS			(Column 1) (Co			lumn 2)	TYPE		Ol		L ENTITY
		 				RAT	E FE		RATE	FEE	
FOR			NUMBER FILED NUMBI			BER EXTRA	BASIC	FEE	01	BASIC FE	E8/11
TOTAL CHARGEABLE CLAIMS			54 minus 20= .			34	X\$ 9	=	OF	X\$18=	610
INDEPENDENT CLAIMS			13	/3 minus 3 = 1//			X40			Yas	875
М	ULTIPLE DEPE	RESENT					- 	OF	X80=	1000	
• If the difference in column 1 is less than zero					#07 i		+135	=	OF	+270=	h.
,	* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	ıL	OF	TOTAL	877
l	CLAIMS AS AMENDED - PART II									OTHER THAN	
Ć		(Column 1) CLAIMS	130 V 150	(Colun		(Column 3)	SMAI	L ENTITY		SMALL	ENTITY
M		REMAINING AFTER		NUME PREVIO		PRESENT EXTRA	RATE	ADDI TIONA		RATE	ADDI- TIONAL
ME	Total	AMENDMENT	1. //	PAID	OR		 	FEE	4		FEE
AMENDMENT A	Independent	i not	Minus	!	·	=	X\$ 9:	= /	OR	X\$18=	
AM	FIRST PRESI	ENTATION OF M	Minus	PENDENT	CI AIL	=	X40=		OR	X80=	
_	7 11101111200	/	OLTIPLE DE	PENDENI	CLAIM		+135=		7		
						•	TOT/		OR	+270=	
	•	(Calumn 4)					ADDIT. FE		OR	ADDIT. FEE	
<u> </u>		(Column 1) CLAIMS		(Colum HIGHE		(Column 3)		T	7		
AMENDMENT	17. 12.1.13377773775	REMAINING AFTER		NUMB PREVIOU		PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	AMENDMENT		PAID F	OR			FEE	4		FEE
E	Independent		Minus	**		=	X\$ 9=		OR	X\$18=	
¥		NTATION OF MI	Minus	PENDENT	N A114	=	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1		
		•	• •				+135=		OR	+270= -	
							ADDIT. FE		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Column		(Column 3)					: 1
AMENDMEN! C	- 1 1220	REMAINING AFTER		NUMBE PREVIOU	R	PRESENT EXTRA	RATE	ADDI- TIONAL		5475	ADDI-
		AMENDMENT		PAID FO		EATRA	TIME	FEE] [RATE	TIONAL FEE
	Total		Minus	**		=	X\$ 9=		OR	X\$18=	
			Minus	***		= .	X40=		1 1	X80=	
	FINDI PHESE	NTATION OF MU	LTIPLE DEF	ENDENT C	LAIM		 	 	OR	700=	.
ti the entry. In column 1, is less than the entry in column 2, write "0" in column 3.											
I UIS TENTIONS NUMBER PROVINCEN PAIN FOR IN THIS SPACE IS ISSUED TO A SOLUTION TO THE TOTAL I											
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3. ADDIT. FEE											